CLERMONT COUNTY FY 2010 CDBG FORMULA PROGRAM APPLICATION

I.	APPLICANT					
	A. Community or Organization Name:					
	B. Contact Person:					
	C. Title:					
	D. Address:					
	E. Phone: Fax:					
II.	PROJECT INFORMATION (Use additional sheet if necessary)					
	A. Project Name:					
	B. Project Description:					
	C. Describe why this project activity is necessary:					
	D. Will this project involve:					
	Assessments or Fees to those benefitting;					
	Real property acquisition					
	Relocation of residents					
	Prevailing wage rates (every project over \$2,000 must pay prevailing					
wage)						

		s of this project? (How much linear feet of ldings are proposed to be built, etc.)
F. What is the pre	esent status of the	e project?
PROJECT COST	INFORMATION	
itemized and prepare	ared by a third pa	mate for the project. This estimate must be arty. Engineering and/or architectural fees t must be signed by a qualified source.
B. Cost estimate	must show unit co	osts.
C. Cost estimate	must state that:	
Cost est ON THIS P	imates must state ROJECT"	e 18-month period 1/2010 - 6/2011; e that "PREVAILING WAGES WILL BE PAID nts must be certified for a minimum of 8
D. Has the engine	eering for this pro	ject been completed?
specific safety req	uirements of the	a complete list of equipment needed to meet Industrial Commission of Ohio relating to Fire ith their itemized list of equipment request and
BUDGET BREAK	DOWN	
A. List CDBG fund	ds proposed/requ	ested and any other funds needed:
Funding source	Proposed	Committed
CDBG Local Other Total amount		

III.

IV.

B. Applications for projects involving non-CDBG funds must include letter or resolution of commitment from each funding source for any non-CDBG portion.

٧. PROJECT BENEFIT INFORMATION

A. Include a map showing the exact location and the service area of the project. (The service area is defined as all persons who stand to benefit from the project; ie, if the applicant wishes to have a street paved, then anyone who lives on that particular street would be a beneficiary and would also need to be surveyed.)

B. From census data or through income surveys, determine the following:				
1. The total number of households (HH) in the service area.				
2. The total number of low/moderate income households.				
3. Percent of low/moderate income households.				
4. Persons in service area.				
5. Number of low/moderate income persons.				
6. Percent of low/moderate income persons.				
C. Will the project directly eliminate slum and blight?				
(If the answer is yes, attach a property map of the blighted area, photographs and a resolution declaring the project area as blighted.)				
Is the project included in the county engineer's 5 year improvement plan? _				

VI.

Has the applicant received CDBG money in the past? (If yes, please circle VII. the years received.)

Never	1983	1984	1985	1986	1987
1988	1989	1990	1991	1992	1993
1994	1995	1996	1997	1998	1999
2000	2001	2002	2003	2004	2005
2006	2007	2008	2009		

VIII. ACKNOWLEDGMENT

I, the undersigned, as Chief Executive Officer of the Applicant, hereby acknowledge that if a CDBG grant is awarded to the Applicant, the grant amount will be the limit of participation from the Board of Commissioners of Clermont County. I also acknowledge that, if awarded a grant, the Applicant will be required to enter into a sub-recipient agreement stating the responsibilities of the county and the recipient.

I also hereby certify that the information contained in this application is true and accurate to the best of my knowledge.							
Chief Executive Officer	Sigr	nature	_				
Submitted this(please attach resolution pas application.)	day of sed by the board or co	2010. uncil authorizing the subr	nittal of this				
PLEASE SUBMIT ONE APP SITE PHOTOS (IF APPLICA			OJECT.				
APPLICATION DEADLINE:		2, 2010 BY 4:30 P.M. at I uer Road, Batavia, Ohio					